

**Stephens County Building Department**  
802 E. Doyle Street, Toccoa, GA 30577  
Phone# and Inspection Request Line  
706-898-5750

**MANUFACTURED/MOBILE HOME INSTALLATION APPLICATION**  
SINGLE WIDE \_\_\_\_\_ DOUBLEWIDE \_\_\_\_\_

**LEGAL DESCRIPTION:** \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

**Job Address:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_

**Map and Parcel #** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Land Owner:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Installer:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **State License #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Manufactured/Mobile Home currently in the County:** (circle one) Yes No

**Existing Residence or Accessory Building on this property:** (circle one) Yes No

**If yes, how many and what type of Building?** \_\_\_\_\_

**Manufacturer:** \_\_\_\_\_ **Year** \_\_\_\_\_ **Model** \_\_\_\_\_

**Width x Length** \_\_\_\_\_ **x** \_\_\_\_\_ **ID#** \_\_\_\_\_ **HUD Approval #** \_\_\_\_\_

**Bedrooms:** \_\_\_\_\_ **Bath/s:** \_\_\_\_\_ **Siding:** \_\_\_\_\_ **Type of Roof:** \_\_\_\_\_

**Power Company:** Habersham EMC \_\_\_\_\_ Hart EMC \_\_\_\_\_ Georgia Power \_\_\_\_\_

**Water Supply:** (circle one) Public Community System Well

**Septic Permit #:** \_\_\_\_\_ **Construction Cost: \$** \_\_\_\_\_

**Mobile Home Fee:** \_\_\_\_\_ **Paid \$** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Signature

**DATE RECEIVED:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **RECEIVED BY:** \_\_\_\_\_

**A permit becomes null and void if the work it authorizes does not commence within 180 days of its issuance. A required inspection must occur within 180 days of the issue date of a permit or the job will be considered abandoned and the permit will become null and void. If the permit becomes null and void, it will be necessary to renew the permit and pay all appropriated fees prior to any future inspections.**

**NOTIFICATION TO OWNER: APPRAISERS FROM THE TAX ASSESSORS OFFICE WILL BE CONDUCTING ON-SITE EVALUATIONS UNTIL PROJECT IS COMPLETED.**

**I have read and understand the preceding statements.** \_\_\_\_\_ **(Applicant's Initial)**

# **ORDER OF INSPECTIONS FOR MANUFACTURED/MOBILE HOMES**

**NOTIFY THIS OFFICE 24 HOURS IN ADVANCE FOR ANY INSPECTION REQUEST**

**INSPECTION # TO CALL 706-898-5750**

**Do Not Cover Up Any Work Requiring An Inspection Until It Is Inspected And Approved.**

## **1<sup>st</sup> INSPECTION:**

Set Up  
Setbacks  
Footers and piers  
Tie Downs

## **2<sup>nd</sup> INSPECTION:**

Skirting  
Landing & Porches  
Electrical Hookup

**PERMANENT POWER WILL BE ESTABLISHED AFTER 2<sup>nd</sup> INSPECTION IS APPROVED**

The following information is required to schedule an inspection:

Permit Number  
Jobsite Address  
Inspection Needed  
Your name & Phone #

My signature certifies that I reviewed and received a copy of this document.

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Signature

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Date